[Your Name, Credentials, Address, email]

                                  MEDICAL NECESSITY LETTER [Template]

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern:

This letter describes my diagnostic assessment and the medically necessary treatment for my patient [patient name]. I have been treating [patient name] since [date].

The following information gives you my training, degrees, licenses, and my clinical social work practice information:

[School(s) where granted MSW and/or PhD with year(s) received]

[State(s) where licensed as a clinical social worker]

[Advanced training areas and certificates]

[Years in clinical social work practice]

[Practice specialties]

I have published books or articles in peer-reviewed journals as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Here is a brief summary of my biopsychosocial diagnosis/assessment of this patient:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This diagnosis/assessment is based on the following: observations; accepted mental health treatment methods; diagnostic guidelines; and evidence-based clinical manuals about mental health practice.

Here is a summary of my treatment plan based on the above information:

Summary rationale for treatment decision-making, including diagnosis and treatment method

Nationally recognized organizations (SAMHSA, Mayo Clinic, American Psychiatric Association, etc.) that see your treatment method as evidence-based (be sure to use the words “determined to be medically necessary”; leave no doubt that “medically necessary” is the standard for your treatment decision.)

Identify (a) specific harms that could occur, (b) avoidable risks that could be mitigated, and/or (c) clinical gains that could be lost in the absence of your planned course of treatment.

Per the Wit v. United Health Care decision (2019), it is neither necessary nor appropriate:

(a) to speculate on the probability of success with any particular course of treatment,

(b) to explore any “what ifs” regarding the potential evolution of the treatment, or

(c) to assess whether or not the insurance policy will cover the treatment.

Your letter includes conclusions based on [a, b, and/or c] and is therefore unnecessary and inappropriate.

I respectfully hope you will withdraw the assertion that the treatment I am providing is not medically necessary.

Sincerely,
[signature]